

*[Handwritten signature]*

**PATENT APPLICATION  
ATTY DOCKET NO. 00100.00.1160**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Fowler et al.

Examiner: Daniel Chung

Serial No.: 09/629,337

Art Group: 2672

Filing Date: August 1, 2000

Our File No. 00100.00.1160

Confirmation No. 7287

Docket No. 0100.0001160

Title: **OPTIMIZED PRIMITIVE FILLER**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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8-18-03  
Date

*[Handwritten signature]*  
Christine Wright

**RESPONSE TO OFFICE ACTION**

Dear Sir:

In response to the Office Action mailed May 16, 2003, Applicants respectfully submit the following Amendment and Response.

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TC 2800

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Serial No. 09/629,337

Filed August 1, 2000

Inventors: Fowler et al.

Docket No. 0100.0001160

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0851-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/629,337
Filing Date	August 1, 2000
First Named Inventor	Mark C. Fowler
Art Unit	2672
Examiner Name	D. Chung
Attorney Docket Number	0100.0001160

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
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Remarks

**FAX RECEIVED****AUG 19 2003****GROUP 2600****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Thermi Anagnos, Reg. No. 47,388
Signature	<i>Thermi Anagnos</i>
Date	August 18, 2003

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Signature

*Christine A. Wright*

Date

August 18, 2003

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